



iCare Guide for Home Health
CLAIMS PROCESSING OVERVIEW

Disclaimer:

- This information is provided as a courtesy from *iCare* to assist you with claims submission and billing. This does not replace Forward Health and CMS Guidelines. *iCare* relies upon Forward Health and CMS for payment rules and regulations for claim submission.

Home Health Services – Medical Management

- A home health agency has 14 days from start of services to submit a PA request for new services. An *MD signature is required* on every PA request for continuation of services.
- Forms can be obtained at <https://www.icarehealthplan.org/Prior-Authorization.htm>

Medicaid Services

- *i*Care provides medically necessary Medicaid covered benefits through an approved provider when arranged through a Care Coordinator or Case Manager, with the exception of chiropractic services which are covered by the State of Wisconsin Medicaid Fee for Service Program.
- Home Health Services include: Skilled Nursing and Personal Care Worker (PCW) services, Therapy (Physical, Occupational, Speech, Cardiac and Pulmonary)
- Disposable Medical Supplies are included in the Home Care reimbursement rate

Medicare Services

- Services covered by the *iCare* Medicare plan include Home Health Care
- Home Health Services are paid 100%
- The Beneficiary can be covered for an unlimited number of non-overlapping episodes. The duration of a single full-length episode is 60 days. Episodes may be shorter the 60 days.

Clean Claim Guidelines

 iCare Requirements for Clean Claim (UB-04)		
Box	Description	Comments
1	Provider Name and Address	
4	Bill Type	
5	Federal Tax ID	
6	Statement Covers Period	From and Through Dates of Claim
8b	Patient Name	
9a-e	Patient Address	
10	Date of Birth	
11	Patient Sex	
12	Admission Date	Required Inpatient, Home Health and SNF
14	Admission Type	Inpatient claims only
15	Admission Source	
17	Discharge Status	Not required for rural health or federally qualified clinics.
18-28	Condition Codes	
29	Accident State	
42	Revenue Codes	If Revenue code of 0022, 0023, 0024 is listed in box 42 and there is no entry box on 44, reject claim for RUGS code missing
44	HCPCS/Rate	Required based on Type of Bill
45	Service Date	
46	Service Units	
47	Total/Line Item Charges	Negative Amount: Claim will reject for "No Dollar Amount". Total Charges must equal the sum of the line item charges or claim will reject "Total charge does not match line charge totals". Total charges with claim with Revenue Codes 0022, 0023, 0024 may be zero.
49	Unlabeled	
56	NPI	
57a-57c	Other Provider ID	
58a	Insured's Name	
59a	Relationship to Uninsured	
60a	Insured Identification Number	

Claims Filing Limits

- Timely filing limits for all providers is 120 days from the date of service, unless otherwise agreed upon and included in the Provider's service agreement with *iCare*.
- Providers are to submit all claims for services rendered where *iCare* Medicare is primary or *iCare* Medicaid is primary according to the terms of the contract. Timely filing limits apply to initial claim submissions, resubmissions and corrected claims.

iCare follows CMS and ForwardHealth Claim Guidelines:

ForwardHealth Website Link:

<https://www.forwardhealth.wi.gov/WIPortal/>

CMS Website Link: <https://www.cms.gov>

ForwardHealth/Home Health Handbook:

<https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx>

Centers for Medicare and Medicaid Information:

<https://www.cms.gov/center/provider-Type/home-Health-Agency-HHA-Center.html>

iCare Provider Portal Access

Your time is valuable.

This portal provides you with access to current member eligibility information, claims status and authorization status at your convenience.

A PIN letter containing your unique PIN number is provided by *iCare* and is required to access the Provider Portal. You can request a PIN number by emailing the completed [Portal Access Request Form](#) to netdev@icarehealthplan.org.

The [iCare Portal User Guide](#) provides step by step instructions for registration and outlines existing functionalities. If you have any questions, please contact ProviderOutreach@icarehealthplan.org.

To access the portal, click here: [Provider Portal](#).

iCare Contact Information

Customer Service-Milwaukee Office

(Monday-Friday 8:00-5:00)

Member Local: 414-223-4847

Out Of Area: 1-800-777-4376

Provider Local: 414-231-1029

Out of Area: 1/877-333-6820

Email:

providerservices@icarehealthplan.org

iCare Dane County Office

1-800-777-4376

Inpatient Admissions Notification

414-225-4760

FAX: 414-231-1075

Interdisciplinary Team

414-231-4847

Member Rights Specialist

414-231-1076

Fax: 414-231-1026

Pharmacy

1-800-910-4743

1-877-333-6820

Provider Contracting

414-225-4741

FAX: 414-272-5618